OBERLIN

COLLEGE & CONSERVATORY

Office for Disability & Access

# Housing Accommodation Form

In order to properly evaluate the student's request for Housing Accommodations at the Oberlin College and Conservatory, the Office for Disability & Access (ODA) requires specific diagnostic information from a licensed clinical professional or healthcare provider who is directly responsible for the treatments of the student's diagnosed disability, including the intentional use of housing accommodations to address the functional limitations that result from the student's physical or psychological condition(s). As a qualified professional within your respective field, you should be diligent in following your professional training, scope of practice, and applicable ethics codes when considering this student's request.

**When completing this form please consider:**

1. *Does the student making the request have a diagnosis of disability which substantially limits their ability to equally access campus housing?*
2. *Do you believe that the recommended accommodations serve a role to successfully mitigate and contribute to the treatment of the impacts of the disability?*

It is important to note that a diagnosis or medical provider recommendation does not guarantee that the student's request for housing accommodations will be approved. The ODA completes a holistic review of the provider's recommendations, current nature of the student's symptoms, student's self-report, and all available accommodations and college support resources when making final decisions and recommendations. We ask that you please complete this form in its entirety, providing complete answers for all questions. If you are unable to provide a response for a question, please indicate the reason. It is not necessary to submit additional documentation for this student's request. However, if you feel that additional information may provide a more complete understanding of the student's request, you are welcome to submit additional information.

**Upon completion, submit the form by email (ODA@oberlin.edu) or fax (440-775-5589).**

Please do not hesitate to contact our office (phone: **440-775-5588**) with any questions or concerns.

Your assistance with our evaluation of the student's request is greatly appreciated.

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## Certifying Licensed Medical or Mental Health Professional

**By signing below, you are verifying that you were solely responsible for completing this form, the information reflects your responses to the questions, you are treating this student, and are not a relative of the student.**

Name: Title:

Area(s) of Specialization:

Phone Number: Fax Number:

State of Licensure/Certification: License/Certification Number:

Provider Signature: Date:

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**STUDENT NAME**: ______________________________________________________________________________

1. Please provide a description of the student's current diagnosis and disability-related symptoms. Please include frequency and duration of symptoms, if applicable:

2. The anticipated prognosis of the medical condition/disability is:

☐ Permanent/Chronic ☐ More than 6 Months ☐ Short-term/Temporary (5 Months or Less)

☐ Episodic: Expected Duration:_______________________________

3. Is the Student currently under your care?

☐ Yes ☐ No

4. Date of most recent visit: ___________________________

5. How long have you been working with the Student regarding the diagnosis?

6. Does the Student require ongoing treatment?

☐ Yes ☐ No

If yes, please explain:

7. Does the Student's condition substantially impact a major life activity (e.g., seeing, hearing, eating, sleeping, walking, self-care, etc.) or bodily function (e.g., digestion, respiratory, circulatory, etc.)? If yes, please provide more details on the next page.

☐ Yes ☐ No

If no, please explain:

**If the Student's condition substantially impacts a major life activity, please provide more details below.**
Please check only those areas of functioning and major life activities impacted by the student's condition, explain its impact on the identified areas/activities, and circle the level of severity.

| Area of functioning/major life activities (Please check all areas of functioning and major life activities impacted by the Student's condition) | How is this area of functioning/major life activity impacted by the diagnosed condition? | What is the severity of the limitation? |
|---|---|---|
| ☐ **Hearing** | | ☐ Mild ☐ Moderate ☐ Severe ☐ Do Not Know |
| ☐ **Vision** | | ☐ Mild ☐ Moderate ☐ Severe ☐ Do Not Know |
| ☐ **Speech** | | ☐ Mild ☐ Moderate ☐ Severe ☐ Do Not Know |
| ☐ **Walking** | | ☐ Mild ☐ Moderate ☐ Severe ☐ Do Not Know |
| ☐ **Sitting** | | ☐ Mild ☐ Moderate ☐ Severe ☐ Do Not Know |
| ☐ **Standing** | | ☐ Mild ☐ Moderate ☐ Severe ☐ Do Not Know |

| | | |
|---|---|---|
| ☐ **Motor Coordination** | | ☐ Mild ☐ Moderate ☐ Severe<br>☐ Do Not Know |
| ☐ **Self-Care Activities** | | ☐ Mild ☐ Moderate ☐ Severe<br>☐ Do Not Know |
| ☐ **Eating** | | ☐ Mild ☐ Moderate ☐ Severe<br>☐ Do Not Know |
| ☐ **Respiratory** | | ☐ Mild ☐ Moderate ☐ Severe<br>☐ Do Not Know |
| ☐ **Cognitive Functioning** | | ☐ Mild ☐ Moderate ☐ Severe<br>☐ Do Not Know |
| ☐ **Sleep** | | ☐ Mild ☐ Moderate ☐ Severe<br>☐ Do Not Know |
| ☐ **Other (list below)** | | ☐ Mild ☐ Moderate ☐ Severe<br>☐ Do Not Know |

8. What accommodations do you recommend in housing based on this Student's diagnosis and functional limitations?

9. In what way will the proposed housing accommodations help to alleviate specific symptoms and the functional impact of the student's disability?

148 W College St | Mudd Center, Room 205 | Oberlin, OH 44074-1091 USA
(P) 440.775.5588 (F) 440.775.5589 | www.oberlin.edu/accessibility-services

10. In your professional opinion, how important is it for the student's functioning that these accommodations be provided in housing? What consequences, in terms of disability symptomatology, may result if the accommodation is not approved?

11. If the Student is a returning student and has not previously used this accommodation at Oberlin College and Conservatory, please describe what has changed regarding the Student's disability that now necessitates the need for this accommodation.